

Subject: FW: Re- car**Date:** Monday, May 22, 2017 at 2:01:31 PM Central Daylight Time**From:** Jean Hecht**To:** Megan Lengerman

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**Contractor: Nurses for NewbornsSubcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

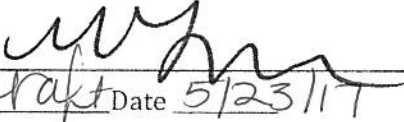
Client Name: [REDACTED]03/10/2017

Date Enrolled: _____

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
June 5, 2017	Car Payment	\$411.00	This is the client's only mode of transportation. There is no public transportation in St. Charles County. The client's mother has helped with payments in the past but is unable to at this time. She has also called some churches to see if they can help but they do not have the funding at this time either.
AMOUNT TO BE REIMBURSED\$		\$411.00	\$400.00

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov
<mailto:Karen.Schenk@dhss.mo.gov> by the Contractor only!

Thank you.

Authorized person requesting purchase: Approved for purchase: Emily Kraft Date 5/23/17

Purchase denied: _____ Date _____

Reason for denying purchase: _____



Questions?

Visit ally.com/auto or call 888-925-ALLY (2559)

Statement reflects payment(s) received through: 05/19/17

Account Summary**Next Payment**

Due Date: 06/10/17
Monthly Amount: \$411.23

Past Due Payments**Other Unpaid Amounts**

Late Charge: \$0.00
Miscellaneous: \$0.00
Extension Fee: \$0.00

Total: \$411.23 Total: \$0.00 Total: \$0.00

STATEMENT TOTAL: \$411.23

Due Date	Scheduled Payment	Date Paid	Unpaid Balance	Finance Charge	Late Charge	Other Charge	Total Paid
05/10/17	411.23	04/12/17	143.79	267.44	0.00	0.00	411.23

Account Information**Important Account Message**

REMAINING UNPAID BALANCE \$14,889.13. THIS AMOUNT DOES NOT INCLUDE FINANCE CHARGES AND OTHER UNPAID AMOUNTS. PLEASE CALL US FOR YOUR PAYOFF.

Saving for a big purchase? No need to switch banks. Just open an Ally Bank Online Savings Account - you'll earn interest rates that are among the most competitive in the country. Plus, there's no minimum balance to open and no monthly maintenance fees. To learn more, visit allybank.com. Ally Bank, Member FDIC.

Don't Want to Mail Your Payment? We have Options:

- Automatic Payments** - Allows your payment to be conveniently transferred from your checking or savings account to Ally, at no cost to you. Please visit ally.com/auto for more information.
- Online Payments and Billing Statements** - Register for Ally Online Services at ally.com/auto, add your account, then schedule one-time payments at your convenience or go green with e-statements, at no cost to you.
- Payments by phone or payments online by debit cards** - To hear available options call 888-925-2559. A third party service provider fee may apply.

Contact Information: You can reach us by visiting ally.com/auto or call us at 888-925-ALLY(2559)

Do not send cash or post-dated checks. All checks will be processed upon receipt. Make checks payable to ALLY.
Return the portion below with your payment to the Payment Processing Center address below.

0000-0000



PO BOX 380902
BLOOMINGTON MN 55438-0902

DUE DATE: 06/10/17
ACCOUNT NUMBER: [REDACTED]
STATEMENT TOTAL: \$411.23
TOTAL AMOUNT PAID: \$ _____

PAYMENT PROCESSING CENTER
PO BOX 9001951
LOUISVILLE KY 40290-1951



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ALTERNATIVES TO ABORTION PROGRAM
Assistance Request

This form is to be completed by an NFN Nurse ONLY and must be completed entirely for timely approval and submission.

DATE: 5/15/17 CLIENT NAME: [REDACTED]

The above named client is requesting assistance through NFN's ATA Program for the following:

 Rent
(if new request, a W-9 and Lease MUST accompany this form)

X Transportation
(if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts)

 Utility
(if Ameren, provide account number and account holder's name; if Laclede, provide bill)

 Other
(Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST accompany this form)

Payment Process Center

Landlord/Utility/Other NAME: Falcon's Way Townhome

BILL TOTAL: \$ 411 AMOUNT YOU ARE PAYING: \$ AMOUNT REQUESTED: \$ 411

[REDACTED]

(list at least three):

- | | |
|----------------|------------------------------------|
| 1. <u>211</u> | Agency Representative: <u> </u> |
| 2. <u> </u> | Agency Representative: <u> </u> |
| 3. <u> </u> | Agency Representative: <u> </u> |

Payment Process center PO BOX 9001951 Louisville, KY 40290

I understand this is a one-time payment. This assistance is intended to assist you in the delivery of a healthy baby or in keeping your child on target developmentally. I have completed a Budget Form and Individualized Pregnancy Continuation Plan (IPCP) with my nurse in order to ensure my ability to pay this bill in the future.

(client signature)
Jenny Hecht
(RN signature)

(date)
5-15-17
(date)

IPCP Completed/Submitted: (initial) Budget Form Completed: (initial)

Date Received: Date Pledged/Submitted for Payment:

